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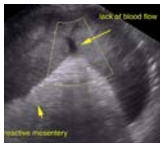
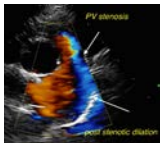
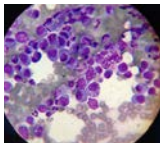
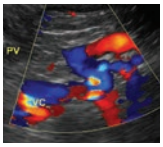

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PATIENT

Tebow Murphy

SPECIES

Canine

BREED

Pit Bull X

SEX

Intact Male

AGE

11 Years

WEIGHT

94.2 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Dr. Elaina Petrone

INVOICE

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6/1/22

PRESENTING CLINICAL SIGNS

Patient was recently seen at local ER-regenerative anemia (20%), no spherocytes, or red blood cell parasites seen on path review. Platelets WNL 595. CXR: WNL FINDINGS There is minimal thoracic spondylosis deformans incidentally. The cardiovascular structures, pulmonary parenchyma, pleural and mediastinal spaces, trachea and mainstem bronchi, included abdomen are all considered to be within normal limits. CONCLUSIONS – There is no evidence of pulmonary metastatic disease or cardiomegaly. Tim Manzi, VMD, DACVR, DACVR-EDI Radiologist Total bili: <0.1
Abnormal PE/Chem/CBC/UA Results: PATHOLOGIST REPORT INTERPRETATION: I agree with the hematology analyzer results and technician findings. Blood film review shows: Erythron: There is a moderate to marked anemia with mildly increased polychromasia and consistent with a regenerative response. Erythrocytes show central pallor or artifact crenation. No spherocytes or appreciable Heinz bodies are seen. Consider blood loss differential and continue to monitor CBC. Leukon: A mild neutrophilia with borderline neutropenia likely reflects a stress response. No toxic changes seen in the neutrophils. Thrombon: Platelet numbers are increased; a reactive thrombocytosis is not clinically significant. It is most commonly seen in response to inflammation, rebound from recent platelet loss, iron deficiency anemia, some chemotherapeutic agents, among other causes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (7.5 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.49 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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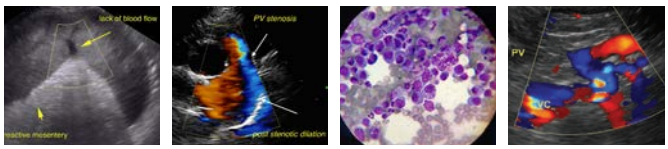

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measured 0.55 cm. Jejunum wall measured 0.47 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

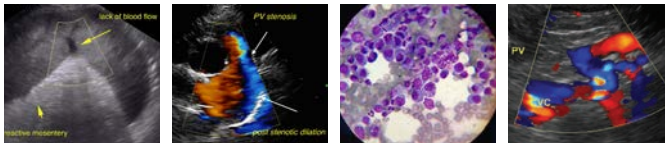
- Moderate amount of shadowing ingesta within the gastric lumen – correlate with feeding history and abdominal radiographs. If this patient was adequately fasted, considered such differentials as delayed gastric emptying or partial outflow tract obstruction (none observed). The shadowing luminal contents make full evaluation of the gastric wall impossible.

- Subjectively thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant lesions were visualized on today's exam. The scan was relatively normal for a senior large breed dog.

Based on the regenerative anemia, initial thoughts are always blood loss or hemolysis. There is minimal evidence for blood loss. if the albumin is low or low normal, or serum iron levels are low, then GI blood



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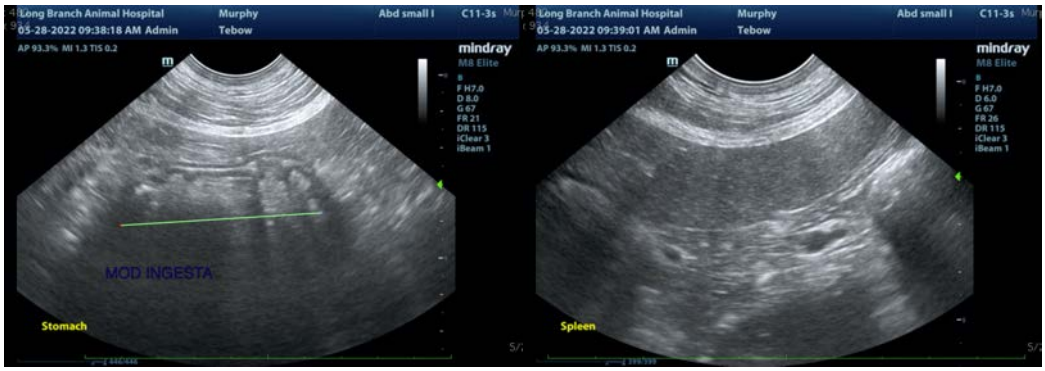
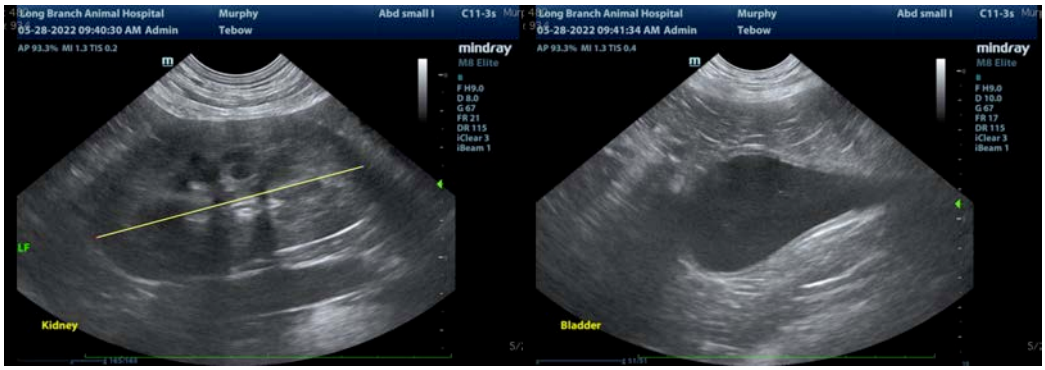
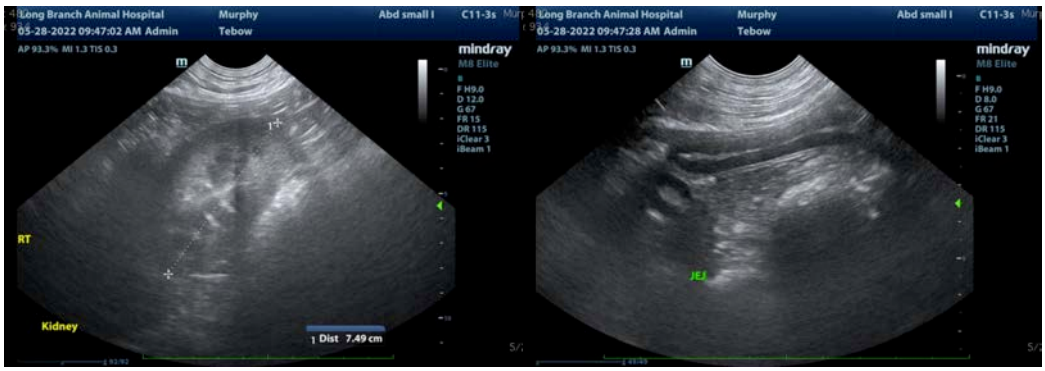
loos could still be present. If this is suspected, consider upper GI endoscopy to evaluate the stomach and/or CT scan to obtain better detail in the abdomen.

Alternately, hemolysis is possible, despite no bilirubin elevations. Consider an infectious disease panel to NC State's infectious disease lab (canine comprehensive panel) to look for babesia and other tick borne diseases. Recommend abdominal radiographs to look for any metallic foreign bodies (zinc), and if none of these seem likely, consider the differential of immune mediated disease.

Lastly, an ACTH stimulation test could be considered (if not on Prednisone), and 3-view thoracic radiographs should be considered (if not already done).







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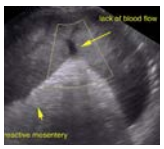
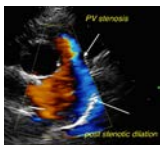
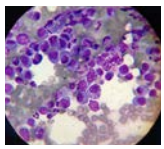
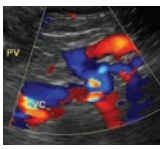

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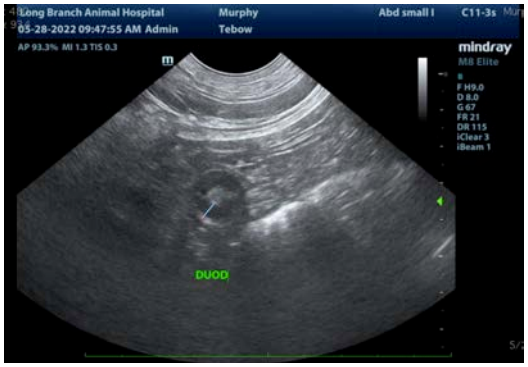

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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